North Central Federal Clinic

Presentation

for the

VA / DoD Sharing Conference

June 2009

AGENDA

- Clinic History
- Planning and Preparation
- Governance and Organization
- Collaboration
- Shared Ancillary Services
- Information Management
- Finances
- Lessons Learned
- Summary, Comments and Points of Contact

Clinic History

- Authorized by National Defense Authorization Act 2003 and other VA and DoD directives.

- Purpose – "…to establish a partnership that delivers seamless, cost-effective, quality services to beneficiaries."

- Clinic became operational on Dec 4, 2006

Planning and Preparation

Planning and Preparation

- Appoint a project officer

  - No conflicting duties

- Develop a detailed joint business plan

  - Personnel

  - Equipment

  - Furniture

  - Timeline for implementation and continued growth
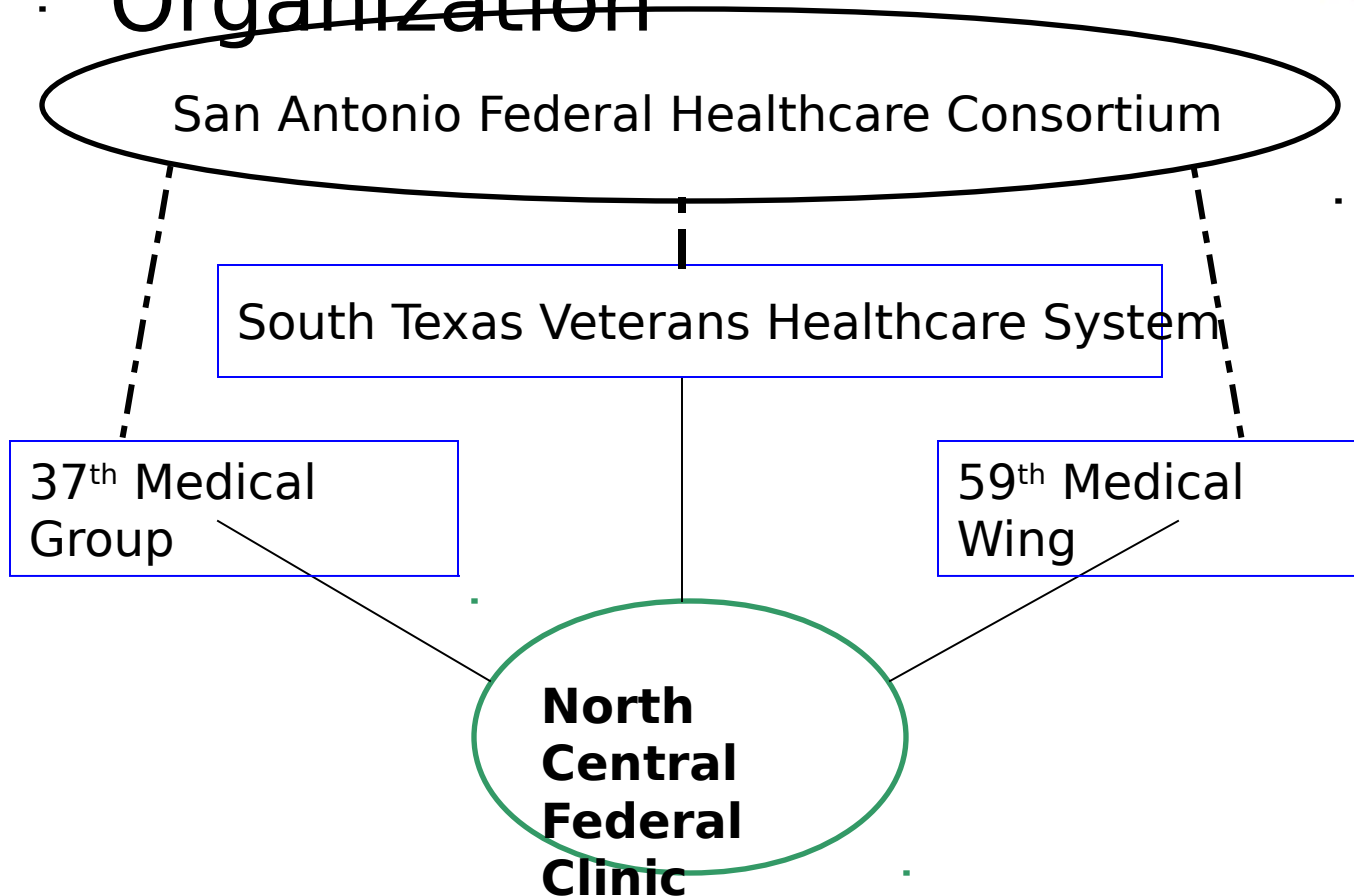
Planning and Preparation

- Conduct regularly scheduled joint planning meetings
    - Involve all stakeholders

- Develop a detailed joint agreement
    - Clarify roles and responsibilities
    - Provide specifics on finances
    - Keep leadership informed on a regular basis

Governance and Organization

Governance and Organization

San Antonio Federal Healthcare Consortium

South Texas Veterans Healthcare System

37th Medical Group

59th Medical Wing

North Central Federal Clinic

Governance and Organization

San Antonio Federal Health Care Consortium

- Meets on an ad hoc basis to discuss issues of mutual importance related to federal medical activities
- Comprised of Senior Leadership
  - Wilford Hall Medical Center
  - Brooke Army Medical Center
  - South Texas Veterans Healthcare System
  - Naval Hospital Corpus Christi, Texas

Governance and Organization

Three Parent Organizations

1. South Texas Veterans Healthcare System

2. 59th Medical Wing (Wilford Hall Medical Center)

3. 37th Medical Group

Governance and Organization

North Central Federal Clinic Steering Committee

Comprised of leaders from all parent organizations and the clinic

– Approves policy and initiatives

– Meets monthly

– Informs San Antonio Federal Healthcare Consortium

Governance and Organization

South Texas Veterans Healthcare System
61 employees

- Seven primary care teams
  » (physicians, nurses, medical administration)
- Laboratory
- Pharmacy
- Radiology
- Mental Health (psychiatrist, social workers, RN)
- Nutrition Care
- Women's Health (GYN)
- VA Police
- Logistics
- Environmental Management Services

Governance and Organization

59th Medical Wing (Wilford Hall AF Medical Center)

Responsible for laboratory oversight and accreditation

37th Medical Group

- 17 employees

  - Four primary care teams (physicians, nurses, admin. clerks)
  - Nurse Manager

  - Health System Administration Supervisor

Governance and Organization

NCFC Integrated Management Team

- Chief Medical Officer - VA
- Administrative Officer - VA
- Nurse Manager- USAF
- Chief of Pharmacy - VA
- Health System Administration Supervisor - USAF
- Laboratory Manager- VA

Collaboration

- Based on Memorandum of Agreement
- Mutual Respect, Collaboration and Trust
- "Make it work attitude"
  - Understand and Respect Differences and Similarities
  - Compromise where appropriate and necessary
  - Don't force issues
  - Communicate, Communicate, Communicate
- Keep hierarchy informed
  - Steering Committee
  - San Antonio Federal Healthcare Consortium
- Transparent finances
- Always remember that you are partners not competitors

Shared Ancillary Services

Pharmacy Service

- Benefit
  - Initial prescriptions for all beneficiaries
  - Refills by mail order for all beneficiaries
- Co-payments
  - VA patients
    - Co-pay based on service connection
    - Co-pay may be based on ability to pay
  - TRICARE
    - No co-pay

NCFC Laboratory Service

- Staffed by VA with management oversight by USAF

- 59th Medical Wing is responsible for accreditation

- Lab results are transmitted to both STVHCS and Wilford Hall AFMC

- Lab Data Sharing Interface software transmits lab results to Audie Murphy VAMC and WHAFMC

Radiology Service

- VA Staff to include a Radiologist
- Supports VA and TRICARE beneficiaries
  - Basic radiology results digitally transmitted to Audie Murphy VA Medical Center and Wilford Hall AFMC
  - Bone Density Scanning only for VA beneficiaries
  - Mammography services only for VA beneficiaries
    - Both services may be available to TRICARE patients in the future

Information Management

- Two separate & distinct information management systems
  - "Remote data" option allows access to CHCS data at Wilford Hall AFMC, but not BAMC
- Four software packages
  - VA - CPRS and VISTA
  - USAF - AHLTA and CHCS
- Dual hardware / software systems in lab, radiology, pharmacy and medical administration

Finances

Joint Incentive Fund

Original funds exhausted in April 2008

Clinic operations continue with funding and cost sharing by VA and USAF

Finances

- NCFC Resources Committee
  - Meets monthly
  - Develops fiscal policy and procedures
  - Determines transfer costs based on
    - Workload
    - Building Square Footage
    - Actual Cost
    - Percentage of Salary Cost
  - Reports to NCFC Steering Committee

Finances

- Get fiscal and budget officers involved early
- Ensure clear audit trails
- Transparent finances
- Work together to resolve issues
- No winners and losers

Lessons Learned

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- Operating two separate IT systems often results in delays for maintenance or repairs because there is no one single responsible agency.
- Different policies from each organization can result in different standards of service for each beneficiary population.
- Enhanced integration of physician and nursing staff can lead to more efficient operation of the clinic.
- Steering Committee subcommittees are vital to ensure effective communication among all parties.
- Having all clinic services available to all beneficiaries will increase patient satisfaction
- Clinic expansion is necessary to meet current and projected demand.

Lessons Learned

- Some dual system eligible patients are being billed a co-payment for pharmaceuticals.
- Despite having a brand new building, we have numerous construction related issues such as roof / window leaks, floor covering integrity, and adequate electrical outlets.
- Coordinate with local and State authorities to ensure adequate directional road signage.
- Drug prescription policy regarding days of supply of medication should be consistent with existing policy.
- Recruiting health care providers (optometrists) requires a competitive remuneration package even in a major metropolitan area.

Lessons Learned

- IM/IT costs are higher than expected due to lack of interoperability of VA and DoD computer systems
  - Higher labor costs in Pharmacy and Lab are due to the need to manually enter information
  - Hardware costs are higher because the two networks cannot be on the same PCs or printers due to information security restrictions
  - Those costs may decrease over time as VA and DoD enhance interoperability
- Additional time should be allowed for recruiting and hiring:
  - If both VA and DoD are to review functional statements, core documents, and position descriptions
  - If both VA and DoD participate in the interview and selection of employees
  - To allow time to obtain Common Access Cards for VA employees and to gain access for AF to VISTA/CPRS.

Lessons Learned

- Lack of interoperability is a significant issue and results in additional time required to process orders for both Lab and Pharmacy.
- LDSI works but was designed for a reference lab with requests and results batched once per day.
  - Must complete multiple batches during the day to process labs in a more "real time" basis.
- Computer access and obtaining badges for VA and AF from both directions as appropriate is cumbersome.
  - Creates delays in employees being able to perform all duties.
  - Still working on process to obtain CAC cards.
- Access to the VA timekeeping system for the AF Nurse Manager and MAS Supervisor is not yet approved (seeking VACO approval).
- KVM switches (to toggle between AF & VA computers) have not been consistently reliable.
- Due to terminology differences, as well as different patient populations and needs, not all supplies needed were brought on as early as needed. (Problem is being resolved with experience.)

Lessons Learned

– Attempts to integrate nursing and physician staff to see either TRICARE or VA patients has met with significant policy and procedural obstacles.

– The next generation of clinic integration should include the use of a single IT system. Either system will suffice, the VA system (VISTA and CPRS) is preferred.